

256147

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Kenneth Hutchinson  
DBA Maqure Limn Company

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

INDEX: 2008-156-T  
NUMBER: 208-156-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kenneth Hutchinson  
Address: 1966 Sandcroft Drive  
Cheverton, SC 29401

Telephone: 843-530-3257  
Fax:  
Other: 843-224-1095  
Email: Maqure Limco @tntmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application Class B Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application Class B Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
APR 10 2015  
PSC SC  
CLERK'S OFFICE

# CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE:

4/10/15

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_ ☒ Class C Charter # 7979 ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Kenneth Hutchinson DBA: Marquee Limo Company  
(Current Name) (Current DBA if applicable)

TO: MARQUEE LIMO COMPANY LLC DBA: \_\_\_\_\_  
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope) (New Scope)

☐ Passenger Limit

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Limit Number) (New Limit Number)

Kenneth Hutchinson  
Name & DBA if DBA is applicable)

Charleston, SC 29407  
(City, State, Zip Code)

843-224-1065  
(Telephone Number)

1966 Sandcraft Drive  
(Street and/or Mailing Address)

[Signature]  
(Signature)

Owner  
(Title) Owner, President, etc.

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

**MARQUEE LIMO CO. LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 11th, 2013, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.**

Given under my Hand and the Great Seal of the  
State of South Carolina this 12th day of  
December, 2013

*Mark Hammond*

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT  
COPY AS TAKEN FROM AND COMPARED  
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Dec 12 2013

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

131212-0008

Filed: 12/12/2013

MARQUEE LIMO CO LLC

Filing Fee \$110.00 CR/G



Mark Hammond

South Carolina Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
FOR A  
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is MARQUEE LIMO CO, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

1966 SANDCROFT DR

Street Address

CHARLESTON SC

City

294073062

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

KENNETH HUTCHISON

Name

Electronically filed on SCBOS.  
Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

1966 SANDCROFT DR

Street Address

CHARLESTON SC

City

294073062

Zip Code

4. The name and address of each organizer is

a) KENNETH HUTCHISON

Name

1966 SANDCROFT DR

Street

CHARLESTON

City

SC US

State

294073062

Zip Code

b) MICHAEL WISE

MARTINEE LIMO CO., LLC

Name of Corporation

Name

1701 LAUDA DR

Street

MT PLEASANT

SD US

57404-9601

City

State

Zip Code

- 5 ☐ Check this box if the company is to be a term company. If so, provide the term specified.
- 6 ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.
- 7 ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.
- 8 Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.
- 2013-12-11
- 9 Set forth any other provisions not inconsistent with law which the organizers determine to include including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
- 10 Signature of each organizer

Electronically filed on SCBOS.  
Refer to attached signature page.

Date 2013-12-11